

Ignacio E. Herrera III #47338  
Full Name/Prisoner Number

P.O. BOX 1059 P.N.M.

Santa Fe, New Mexico 87504  
Complete Mailing Address

FILED  
UNITED STATES DISTRICT COURT  
DISTRICT OF NEW MEXICO

06 OCT 17 PH 3:33

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO

CIV - 06 - 1004 BB WPL  
Civil Action No. (To be supplied by the Court)

Ignacio E. HERRERA III

, Plaintiff(s),

Full name(s) and prisoner number(s)  
(Do not use *et al.*)

v.

WEYFORD HEALTH SERVICES, DEVENDRA SINGH

MEDICAL DIRECTOR, ED (LAST NAME UNKNOWN) Defendant(s).  
(Do not use *et al.*)

REGISTERED NURSE, LUKE LUSAN. Doctor Phillip Ruiz M.D.

**PRISONER'S CIVIL RIGHTS COMPLAINT**

**A. PARTIES AND JURISDICTION**

1. Ignacio E. Herrera III is a citizen of New Mexico who  
(Plaintiff) (State)

presently resides at P.N.M. Level 6 Facility  
(mailing address or place of confinement)

2. Defendant Weyford Medical Services is a citizen of N.M.  
(name of first defendant) (State)

whose address is P.O. BOX 1059 Santa Fe, N.M. 87504

and who is employed as Medical Provider At the time the claim(s)  
(title and place of employment)

alleged in this complaint arose, was this defendant acting under color of state law?

☒ Yes ☐ No. If your answer is "Yes," briefly explain:

Under contract of the State they are currently qualified to provide medical care to the Inmates at P.N.M.

3. Defendant Devendra Singh is a citizen of N.M.  
(name of second defendant) (State)

whose address is P.N.M. P.O. Box 1059 Santa Fe, N.M. 87504

and who is employed as medical director. At the time the claim(s)  
(title and place of employment)

SEE ADDITIONAL SHEET WITH ADDITIONAL DEFENDANTS  
alleged in this complaint arose, was this defendant acting under color of state law?

☒ Yes ☐ No. If your answer is "Yes," briefly explain:

Overseen Medical care for Inmates at P.N.M.

(If more space is needed to furnish the above information for additional defendants, continue on a blank sheet which you should label "A. PARTIES." Be sure to include each defendant's complete address and title.)

(CHECK ONE OR BOTH:)

☒ Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (for state defendants) or *Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (for federal defendants).

☐ Jurisdiction also is invoked pursuant to 28 U.S.C. § 1343(a)(3). (If you wish to assert jurisdiction under different or additional statutes, you may list them below.)

## B. NATURE OF THE CASE

BRIEFLY state the background of your case.

☐  
 CNMCF/CMRU/CML  
 PO Drawer 1328  
 Los Lunas, NM 87031

☐  
 GCCF  
 P.O. Box 520  
 Santa Rosa, NM 88435

☐  
 LCCE  
 6900 W. Millen Dr.  
 Hobbs, NM 88244

☐  
 PNM  
 PO Box 1059  
 Santa Fe, NM 87504

☐  
 SNMCF  
 PO Box 639  
 Las Cruces, NM 88004

☐  
 SNMCF-POU  
 PO Box 20005  
 Las Cruces, NM 88004

☐  
 WNMCF  
 PO Drawer 250  
 Grants, NM 87020

Name _____		
No. _____	Unit _____	

Date: \_\_\_\_\_

4. Defendant <sup>Edward Villargas L.P.N.</sup> ~~Edd~~ Unknown R.N.  
 is a citizen of N.M. Registered Nurse  
 P.N.M. P.O. Box 1059  
 Santa Fe, N.M. 87504  
 Registered nurse

5. Defendant was acting under color of state law he was providing medical care to state inmates.

5. Defendant Luke Lujan citizen of New Mexico is address is a medical  
 P.N.M. P.O. Box 1059 doctor.  
 Santa Fe, New Mexico  
 87504

At the time of the incident this defendant was acting under color of state law. He was providing medical care to state inmates.

6. Defendant Dr. Phillip Ruiz M.D.  
 is a citizen of N.M.  
 Santa Fe, N.M.  
 -87504 -  
 Doctor

**C. CAUSE OF ACTION**

I allege that the following of my constitutional rights, privileges, or immunities have been violated and that the following facts form the basis of my allegations: (If more space is needed to explain any allegation or to list additional supporting facts, continue on a blank sheet which you should label "D. CAUSE OF ACTION.")

Claim I: Failure to Provide Proper Medical Care

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Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.) I Feel they did not follow proper medical procedures, by ~~not~~ refusing to Follow doctor's orders and by Failure to give an medical Exam in head After multiple requests and multiple injuries and by not giving me a Cat Scan when requested. SEE Attached Page for other info ..

Claim II: \_\_\_\_\_

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Supporting Facts:

Claim III: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Supporting Facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**D. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF**

1. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to the conditions of your imprisonment? \_\_\_\_ Yes ☒ No. If your answer is "Yes," describe each lawsuit. (If there is more than one lawsuit, describe the additional lawsuits using this same format on a blank sheet which you should label "E. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF.")

a. Parties to previous lawsuit:

Plaintiff(s):

N/A

Defendant(s): \_\_\_\_\_

b. Name and location of court and docket number \_\_\_\_\_

c. Disposition of lawsuit. (For example, was the case dismissed? Was it appealed? Is it still pending?)

d. Issues raised: \_\_\_\_\_

e. Approximate date of filing lawsuit: \_\_\_\_\_

f. Approximate date of disposition: \_\_\_\_\_

2. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part D. ☒ Yes \_\_\_\_ No.

If your answer is "Yes," briefly describe how relief was sought and the results.

I Filed complaints + grievances and formally addressed medical about these issues and still nothing has been done.

3. I have exhausted available administrative remedies. ☒ Yes ☐ No. If your answer is "Yes," briefly explain the steps taken. Attach proof of exhaustion. If your answer is "No," briefly explain why administrative remedies were not exhausted.

*I filed grievances but never got a response and therefore I could not appeal grievances by policy.*

#### E. PREVIOUSLY DISMISSED ACTIONS OR APPEALS

1. If you are proceeding under 28 U.S.C. § 1915, please list each civil action or appeal you have brought in a court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Please describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on a blank sheet which you should label "F. PREVIOUSLY DISMISSED ACTIONS OR APPEALS."

a. Parties to previous lawsuit:

Plaintiff(s):

*NONE*

Defendant(s):

b. Name and location of court and docket number

c. Grounds for dismissal: ( ) frivolous ( ) malicious ( ) failure to state a claim upon which relief may be granted.

d. Approximate date of filing lawsuit:

e. Approximate date of disposition:

2. Are you in imminent danger of serious physical injury? ☒ Yes ☐ No. If your answer is "Yes," please describe the facts in detail below without citing legal authority or argument.

*I answered yes because I feel I'm at risk because proper medical attention hasn't been ~~administered~~ properly administered and feel that no medical attention is unfit and not proper due to previous head injuries and outbreaks.*

**G. REQUEST FOR RELIEF**

I request the following relief:

I seek money damages of the amount <sup>\$</sup>150,000,000 and Immediate + continuing proper medical care. Also whatever relief that this ~~court~~ court deems proper.

  
Prisoner's Original Signature

\_\_\_\_\_  
Original signature of attorney (if any)

\_\_\_\_\_  
Attorney's full address and telephone

**DECLARATION UNDER PENALTY OF PERJURY**

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at SANTA FE, NM on OCT. 6, 2006  
(location) (date)

  
Prisoner's Original Signature

NEXIUM

HARTBURN

Astrazenica

Court Pack

March 6, 2006

I have noticed that this morning 3-6-06 that I have another possible staff infection! This is the third staff infection that I've had since I've been in the department of corrections! I would like to know why I haven't found out exactly what it is or what's going on? Medical just provides me with Antibiotic first aid! But never tells me exactly what it is. At first I thought it was a spider bite on my left leg but then it moved to my right leg a few months later.

And ~~now~~ after that it went to my forehead on the <sup>left</sup> right side above the eye. Now it's back in the back of my head! I was beaten severely with a baseball bat and was told I have a blood vessel busted and there was some kind of bleeding in my brain! I was airlifted to Parkview hospital in Pueblo, Colorado and was there in case any swelling of the brain occurred under intense trauma unit! Sadly I've been experiencing migraine headaches & dizziness!

When I blew my nose there's blood and when I wake up in the morning there's red blood in my eyes! Bloodshot Red Eyes...

I've requested to see medical and told a C.O. to advise them that it returned yet nothing has been done for me! I'm worried about my brain swelling up again and the consequences of that happening could cost me my life?

3/6

3/6